

Comprehensive School and Community Treatment  
Frequently Asked Questions  
November 14, 2007

**1. Are part-time staff or part-time programs allowed during the regular school year?**

No, per Medicaid ARM 37.86.2225 (2) . . . If a child or adolescent receives CSCT services during time periods when school is not regularly in session, then part-time staff may be used but the billing units must be reduced proportionately.

Per Medicaid ARM 37.86.2225 (1) Comprehensive school and community treatment (CSCT) services must be provided as set forth in Licensing ARM 37.106.1955, 37.106.1956, 37.106.1960 and 37.106.1961 and 37.106.1965 in order to receive payment under this program. Per Licensing ARM 37.106.1960 (2) Each team must consist of a full-time equivalent licensed mental health professional, as that term is defined in ARM 37.106.1902, and an aide. . . . Full-time equivalent is defined in ARM 37.27.102.

ARM 37.27.102 (18) states “Full-time equivalent (FTE)” means an individual employed 40 hours per week in a accepted program (a half time FTE equals 20 hours per week).

Per Licensing ARM 37.106.1960 (5) This rule is not intended to prevent the use of part-time staff to provide CSCT services throughout the year, including school vacation periods. If a child or adolescent receives CSCT services during time periods when school is not regularly in session, then part-time staff may be used and billed as set forth in ARM 37.86.2225.

**2. Is the CSCT therapist required to provide family therapy?**

Yes, as clinically indicated. Per 37.106.1956 (1) The CSCT program must be able to provide the following services, as clinically indicated . . . (a) individual, group and family therapy.

**3. Can the CSCT therapist bill for family therapy in the home? Can the CSCT aide bill for services in the home, for example to help youth on a Home Bound Tutoring Program or to help a youth get ready for school in the morning when the youth is having problems getting to school? How are services billed if we respond face-to-face with a CSCT client in a crisis situation after school hours?**

Per Medicaid ARM 37.86.2225 (3) CSCT services provided by a licensed mental health center with an endorsement under ARM 37.106.1955 must be billed under the school district's provider number. Mental health services that are provided outside, or concurrently, with the CSCT program are billed under the mental health center's provider number with the appropriate CPT - 4 procedure codes describing the services provided.

Individual, group and family therapy are required, as clinically indicated, as a part of the CSCT program. Family therapy provided in the home as part of the CSCT program may be billed as a CSCT service using the CSCT service code, H0036.

If the youth is still enrolled in the public school providing CSCT services the aide may bill for

services provided in the home to assist them in getting to or returning to school, as outlined in the youth's treatment plan.

Outpatient therapy and Community Based Psychiatric Rehabilitation and Support (CBPRS) services require prior authorization through First Health when provided on the same day as CSCT. For additional outpatient therapy to be authorized when a youth is already receiving CSCT services, the outpatient therapy must be specialized and needed in addition to the therapy received in the CSCT program. Examples of specialized outpatient therapy include the treatment of Reactive Attachment Disorder or acute family issues.

Licensing ARM 37.106.1956 (1) (e) requires the CSCT program to provide crisis telephone services during the time the child or adolescent is not present in a school-owned or operated facility.

For face-to-face crisis response after school hours and off school-owned or operated facilities, bill the appropriate CPT code for a licensed mental health professional.

#### **4. Can additional CBPRS be provided with CSCT, during school hours versus after hours and on weekends.**

No, additional CBPRS authorized by First Health needs to be provided after school hours and/or on weekends.

#### **5. Are the 720 billable units just for Medicaid youth? Does the reimbursement source matter with regard to the 720 unit limit, i.e. CHIP?**

No, each team may not bill more than 720 units regardless of reimbursement source. Per Medicaid ARM 37.86.2225 (2) One full-time equivalent team may bill no more than 720 billing units per team per month. Per Licensing ARM 37.106.1960 (2) Each team must consist of a full-time equivalent licensed mental health professional . . . and an aide . . . Per Licensing ARM 37.106.1960 (3) A full-time team is limited to the billing amounts as set forth in ARM 37.86.2225.

Per Medicaid ARM 37.86.2225 (4) As a Medicaid provider of CSCT services, the school district is subject to all Medicaid state and federal billing rules and regulations. A school district must: (a) use a sliding fee schedule for children or adolescents not eligible for Medicaid; (b) bill all available financial resources for support of services including third party insurance and parent payments if applicable;

CSCT services are **not reimbursable** by the CHIP Extended Mental Health Plan for Children with a Serious Emotional Disturbance. The CHIP Extended Mental Health Plan does pay for limited psychotherapy visits and community based psychiatric rehabilitation and support services but not when the services are provided as part of a CSCT program. CHIP is a TPL with a limited mental health benefit plan.

#### **6. If a reduced reimbursement rate is established with the providers sliding fee scale and the parent does not pay for CSCT services, how long can this go on without being in conflict with the free care rule, if the youth does not have an IEP or if the youth has an IEP and mental health services are not on it?**

Per ARM 37.86.2225 (4) the school district must have a sliding fee schedule for children or adolescents not eligible for Medicaid.

Per ARM 37.86.2230 (4) School based health related services include services that are not required by an IEP but are provided by schools to students for a fee and billed under the student's name. Schools cannot bill Medicaid for services not required by an IEP that are provided free to other children.

If the parent or guardian is billed and not paying for CSCT services according to the sliding fee scale, the provider's business office should address this issue according to their billing policy which treats all clients the same. The duration of non-payment for the service is up to the provider.

**7. What type of clinical assessment is required annually to determine if a youth has a Serious Emotional Disturbance (SED), per the new SED administrative rule? Treatment review note? MHC clinical assessment? Mental Status Exam?**

Per Medicaid ARM 37.86.3702 (3) A youth must be reassessed annually by a licensed mental health professional, as to whether or not they continue to meet the criteria for having a serious emotional disturbance. For the initial or for an annual reassessment, the clinical assessment must document how the youth meets the criteria for having a serious emotional disturbance.

On further consideration of the question, Medicaid ARM 37.86.3702 will be updated to reference the clinical assessment in Licensing ARM 37.106.1915 (1). The annual SED reassessment must include the following information in a narrative form to substantiate the client's diagnosis and provide sufficient detail to individualize treatment plan goals and objectives:

- (a) presenting problem and history of problem;
- (b) mental status;
- (c) diagnostic impressions;
- (d) initial treatment plan goals;
- (e) risk factors to include suicidal or homicidal ideation;
- (f) psychiatric history;
- (g) substance use/abuse and history;
- (h) current medication and medical history;
- (i) financial resources and residential arrangements;
- (j) education and/or work history; and
- (k) legal history relevant to history of illness, including guardianships, civil commitments, criminal mental health commitments, and prior criminal background.

**8. Does CSCT pay for treatment team meetings with the parent/guardian present?**

No

**9. Can there be too many youth on the sliding fee scale in the CSCT program? Is CSCT basically a Medicaid program?**

The CSCT procedure code H0036 is only recognized by Medicaid. However, per Medicaid ARM 37.86.2225 (4) as a Medicaid provider of CSCT services, the school district is subject to all

Medicaid state and federal billing rules and regulations. A school district must: (a) use a sliding fee schedule for children or adolescents not eligible for Medicaid; (b) bill all available financial resources for support of services including third party insurance and parent payments if applicable . . .

**10. Do CSCT providers need to bill BCBS as a TPL, for outpatient therapy provided as part of the CSCT program?**

No, the Department has a blanket denial statement for all Medicaid services provided in a school from only Blue Cross Blue Shield as a TPL insurance.

**11. Does the school and Mental Health Center have to provide a summer CSCT program?**

Licensing ARM 37.106.1956 (1) states: The CSCT program must be able to provide the following services, as clinically indicated, to children or adolescents with serious emotional disturbance . . . (i) continuous treatment that includes services during nonschool days, integrated in a manner consistent with the child or adolescent's treatment plan.

A summer CSCT program is not required. A summer CSCT program is permissible when the school and Mental Health center agree to provide CSCT summer programming. Continuous treatment during the summer maybe provided on an outpatient basis through the mental health center. Youth served in CSCT during the regular school year, who are not receiving CSCT services in the summer and need mental health services, may receive outpatient mental health services. Services are billed under the Mental Health Center's provider number with the appropriate CPT procedure code.

**12. Who do we get approval from to use in-training practitioners? Do we have to meet the guidelines in the School-Based Medicaid Manual?**

Follow the School-Based Medicaid Manual until it is revised, which will be in the near future. When the Manual is updated the Department will not prior approve the use of in-training practitioners. In-training practitioners may be used per Licensing ARM 37.106.1902 (15).

The Mental Health Evaluator of the Licensure Bureau, Quality Assurance Division will monitor the use of in-training practitioners as defined in Medicaid ARM 37.88.901 (11) and referenced in Licensing ARM 37.106.1902 (15). "In-training practitioner services" are services provided under the supervision of a licensed practitioner by an individual who has completed all academic requirements for licensure as a psychologist, clinical social worker or licensed professional counselor and is in the process of completing the supervised experience requirement for licensure. The in-training practitioner's services must be supervised by a licensed practitioner in the same field, and, other than licensure, the services are subject to the same requirements that apply to licensed practitioners.

**13. If a therapist is out on maternity leave can a supervisor fill in for the therapist and bill for CSCT services?**

If the supervisor is filling in for the therapist during the regular school year and meets the

requirement of a full-time equivalent licensed mental health professional or in-training practitioner per Licensing ARM 37.106.1960 (2), then yes, if they don't, then no.

Per Licensing ARM 37.106.1960 (4) A CSCT program must employ or contract with a program supervisor who is knowledgeable about the service and support needs of children and adolescents with serious emotional disturbances. The program supervisor may be a member of a team providing direct services.